# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

1. DATE OF REPORT 1/26/2015	NAME OF COMMITTEE     Family Action for 1	
SHORT NAME OF COMMITTEE (IF APPLICABLE)		
2. Grown will or committee (1747 elonete)		
ADDRESS AND PHONE     Street or Rural Route City State	Zip Code	Phone
1113 Murfreesboro RD, STE 106-167 Franklin TN	37064	(615) 591-2090
4. MEASURES SUPPORTED OR OPPOSED		
Amendment 1, November 2014	•	
5.A. NAME OF POLITICAL TREASURER	5.B. DATE APPOINTED	
David Fowler  6. CATEGORY OR REPORT (Check one)	09/29/14	
FIRST SECOND THIRD FOURTH PRE- PRE- QUARTER QUARTER QUARTER PRIMARY GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
7.A.BEGINNING DATE OF REPORTING PERIOD	7.B. ENDING DATE OF REF	PORTING PERIOD
10/26/14	1/15/15	
8. (Check one)		
A. This committee is exempt from detailed disclosures because contributions (including expenditures total \$1,000 or less for this reporting period. I do solemnly swear or af true and that the committee has complied with all applicable provisions of the Campa 10f must also be completed.)	irm that the information conta	nined in this statement is
B. This committee is required to file a detailed financial disclosure because contribution	s (including in-kind) received	total more than
\$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do sol in this statement is true and that the following page(s) are a complete and accurate a	emnly swear or affirm that the accounting of all contributions	e information contained and expenditures
required to be reported by political campaign committees by the Campaign Financial	Disclosure Act.	
	)	
The state of the s		1)24)15
signature of political trea	surer	date
9. WITNESS SIGNATURE		
Mary Alla		1/2/1.00
signature of witness		date
		277555277
10. SUMMARY		
a. BALANCE ON HAND LAST REPORT	\$5,980.00	
b. TOTALRECEIPTS THIS PERIOD	\$13,949.83	
c. TOTAL DISBURSEMENTS THIS PERIOD	\$19,929.83	
d. BALANCE ON HAND (10.a, plus 10.b, minus 10.c.)	s	.0
e. TOTAL LOANS OUTSTANDING	\$ _	0
f. TOTAL OBLIGATIONS OUTSTANDING	¢	0
f. TOTAL OBLIGATIONS OUTSTANDING	·········· • —	<u> </u>



### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COVI	ERING THE PERIOD
Family Action for 1	FROM: 10/26/14	то: 1/15/15
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$346.89	<u> </u>
b. Itemized Contributions (over \$100 from each source this period)	. \$13,602.94	4
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		\$13,949.83
14. LOANS RECEIVED THIS REPORTING PERIOD		\$0
15. INTEREST RECEIVED THIS REPORTING PERIOD		\$0_
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$13,949.83
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printi	ng, postage,
\$ 11	.89	
Wire Transfer Fee \$15	.00	Die
\$	<del></del>	
\$		
\$	12	
Total of Expenditures (\$100 or less each payee)	\$ 26.89	
b. Itemized Expenditures (Over \$100 each payee this period)		
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		
18. LOAN REPAYMENTS MADE THIS PERIOD		\$0
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		\$19,929.83
20.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$0	_
b. Itemized in-kind contributions (over \$100 from each source this period)	\$1198.12	_
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.	)	\$\$1198.12
21.LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$0
22.OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	<b>_</b> :
b. Itemized Obligations Outstanding (Over \$100 each)	\$0	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	1 10.f.)	\$0



### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Family Ac	tion for 1	(SEE ATTACHED EXCEL SPREADSHEET)	2. REPORT COVE	RING THE PERIOD		
			FROM: 10/26/14	TO: 1/15/15		
A TOTAL ITEMIZED CAMBAICN CO.	ודו ומומדו.	ONE EDOM DDECEDING DAGE (onter \$0 if first itemized no	70)	Amount \$0		
		ONS FROM PRECEDING PAGE (enter \$0 if first itemized page HITEMIZED CONTRIBUTION (contributions totaling more than \$100 fr				
First Name	M.I.	Last Name/Organization Name	om any ounced as	Amount of Contribution		
Address	,					
City	State TN	Zip Code		r		
Occupation						
Employer	t					
First Name	M.L.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code				
Occupation						
Employer						
First Name	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	ZIp Code				
Occupation						
Employer						
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	State	Zip Code				
Occupation						
Employer						
FirstName	M.I.	Last Name/Organization Name		Amount of Contribution		
Address						
City	Stale	Zip Code				
Occupation						
Employer						
5.TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3. of next page if (If this is the last page of contributions,		pages of this form are used.) must be shown in item 13b. of summary.)		.00		

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE: FAMILY ACTION FOR 1

3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION

2. REPORT COVERING PERIOD FROM: 10/26/14 TO: 1/15/14 AMOUNT: \$0

First Na	ne M.	Last Name/ Organization I. Name	Address	City	State	Zip Code Occupation	Employer	 mount of ntribution
James	W	Haynes	2068 Horizons Dr	Ooltewah	TN	37363 Program Director (Associate Professor)	University of Tennessee	\$ 250.00
Barbara	K.	Haynes	2068 Horizons Dr	Ooltewah	TN	37363 Homemaker	n/a	\$ 250.00
Hugh	0	Maclellan Jr.	200 W. Fleetwood Dr	Lookout Mountain	TN	37350 Retired	n/a	\$ 1,000.00
Nancy	В	Maclellan	200 W. Fleetwood Dr	Lookout Mountain	TN	37350 Homemaker	n/a	\$ 1,000.00
John	М	Zeiser	17 Rockcrest Dr	Signal Mountain	TN	37377 CEO	Southern Champion Tray	\$ 500.00
Anita	L	Zelser	17 Rockcrest Dr	Signal Mountain	TN	37377 Homemaker	n/a	\$ 500.00
John	W	Forman	4137 Quarry Vlew	Chattanooga	TN	37415 Physiclan	Memorial Health Partners	\$ 500.00
Lorraine	В	Forman	4137 Quarry Vlew	Chattanooga	TN	37415 Homemaker	n/a	\$ 500.00
Jlm		Golden	6715 St. Clair Way	Hixson	TN	37343 Attorney	Covenant Transport	\$ 500.00
Beverly	В	Henry	PO Box 4129	Chattanooga	TN	37405 Homemaker	n/a	\$ 250.00
,		FACT for 1	1113 Murfreesboro Rd Ste 106-167	Franklin	TN	37064 n/a	n/a	\$ 500.00
Mark	Р	Weimer	1058 Kristen Ct	San Jose	CA	95120 President	Strategic Media 21	\$ 150.00
Joan	S	Weimer	1058 Kristen Ct	San Jose	CA	95120 Homemaker	n/a	\$ 150.00
Samuel	R	Smartt Jr.	524 Fleetwood Dr	Lookout Mountain	TN	37350 Dealer Principal of the	Kenco,	\$ 1,000.00
						KMHS business unit		
		FACT for 1	1113 Murfreesboro Rd Ste 106-167	Franklin	TN	37064 n/a	n/a	\$ 552.94
		FACT for 1	1113 Murfreesboro Rd Ste 106-167	Franklin	TN	37064 n/a	n/a	\$ 4,000.00
		FACT for 1	1113 Murfreesboro Rd Ste 106-167	Franklin	TN	37064 n/a	n/a	\$ 2,000.00
5 TOT	I ITEM	ZED CONTRIBUTIONS						\$ 13,602.94

### ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE Family Ac	tion for	1 (see attached Exc	cel Spreadsheet)	2. REPORT COVE	RING THE PERIOD		
				FROM: 10/26/14	TO: 1/15/14		
					Amount		
3. TOTAL ITEMIZED EXPENDITURES F					\$0		
	S FOR E	ACH ITEMIZED EXPEN	DITURE (any expenditures totaling more than \$	\$100 to a single payee d	uring the period,		
must be itemized.)							
FirstName	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
La (Na and Paris)			_				
Last Name/Business Name							
Address							
City	State	Zip Code					
First Name	Middle Nar	ne .	Purpose of Expenditure	= == == -	Amount of Expenditure		
	Middle Hai						
Last Name/Business Name							
Address							
Address							
City	Stale	Zip Code					
FirstName	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			-				
Address							
City	State	Zip Code	-		l l		
Cily	Otato	Zip Code					
FirstName	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			-				
Addiese							
City	State	Zlp Code					
		h.					
FirstName	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code					
City	State	Zip Code					
FirstName	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			1				
Clty	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES							
(Carry forward to item 3, of next page if ac					\$0		

#### ITEMIZED STATEMENT OF EXPENDITURES - SMC

1. NAME OF COMMITTEE: Family Action for 1

3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE

2. REPORT COVERING PERIOD FROM: 10/26/14 TO: 1/15/15 AMOUNT: \$0

First Name	Last Name/ Organization Name	Address	Clty	State	Zip Code	Purpose of Expenditure		Amount of Expenditure
	Campalgn Marketing Strategies	3240 Wilson Blvd Ste 202	Arlington	VA	22201	Automated calls for Yes on 1 campaign	\$	552.94
	Strategic Media 21	560 Winchester Blvd Ste 500	San Jose	CA	95128	Creation, advertising, coordination, and monitoring social media advertising campaign for Yes On 1 Campaign	S	13,000.00
	Strategic Media 21	560 Winchester Blvd Ste 500	San Jose	CA	95129	Creation, monitoring, advertising video views on social media, video for Yes On 1 Campaign	\$	4,000.00
	Strategic Media 21	560 Winchester Blvd Ste 500	San Jose	CA	95130	Final payment on invoice for creating, mojnitoring, and advertising video views for Yes on 1 Campaign	\$	2,350.00
5. TOTAL ITE	MIZED CONTRIBUTIONS						\$	19,902.94

## ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Family	Action for 1			2. REPORT COVER FROM: 10/26/14	RING PERIOD TO: 1/15/15
				(110m) 10.20.11	Amount
TOTAL ITEMIZED IN-KIND CONTRIBUT     COMPLETE THE APPROPRIATE ITEM	TIONS FROM PI	RECEDING PAGE (	enter \$0 if first itemized page)	totaling more than \$100 from any	\$0
	W-182	EIVIIZED IIVIVIIVE O	¥	totaling more than \$100 nome and	
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name The Family Action of Tennessee, Inc.		Professional Services		\$1198.12	
Address 1113 Murfreesboro RD, STE 106-167					
City Franklin	State TN	Zip Code 37064			
Occupation	•	•			
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
First Name	First Name Middle Name				Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution
Last Name/Organization Name					
Address					
City	State	Zip Code			
Occupation					
Employer					
5. TOTAL ITEMIZED IN-KIND CONTR	IBUTIONS				
					1
(Carry forward to item 3 of next pa (If this is the last page of in-kind or	age if additional p	oges of this form are u	sed.)		\$1198.12

### ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE Family Ac			2. REPORT COV	ERING THE PERIOD		
1. NAME OF COMMITTEE TRAINING ACT		1			FROM: 10/26/14	
3. COMPLETE THE APPROPRIATE ITEMS LOAN (loans totaling more than \$100 owed to the reporting period)	Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Na	ame				
LastName/BusinessName						
Address						
City	State	ZipCode	Date of Loan			
First Name	Middle Na	ame		=\T.U.		
LastName/BusinessName						
Address			1			
City	State	ZipCode	Date of Loan			
First Name	irst Name Middle Name					
			]			
LastName/BusinessName						
Address						
Address						
City	State	ZipCode	Date of Loan			
First Name	Middle Na	ıme			ľ	
LastName/BusinessName						
Address			-			
110000						
City	State	ZipCode	Date of Loan			
First Name	Middle Na	ame				
Ø						
LastName/Business Name						
Address						
City	State	ZipCode	Date of Loan			
4 TOTALS	n====					
4. TOTALS (Total from "Outstanding Balance - (End of Period	d)" columr	n must also be shown				\$0
in item 21 on summary page.)						70

### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

NAME OF COMMITTEE Family Action for 1					2. REPORT COVERING THE PERIOD		
					FROM: 10/26/14	TO: 1/15/15	
3. COMPLETE THE APPROPRIATE ITEMS OBLIGATION (obligations totaling more than \$\frac{9}{2}\$ the end of the reporting period)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle Na	ame				*******	
LastName/BusinessName							
Address							
City	State	Zip Code					
Description of Obligation	l						
First Name	Freen. M.					× 1	
	Middle Na	ame					
LastName/BusinessName							
Address							
City	State	Zip Code					
Description of Obligation							
First Name	st Name Middle Name					W	
LastName/BusinessName							
Address							
City	State	Zip Code					
Description of Obligation	1						
First Name	Middle Na	eme	1011		li e		
	Wilduigite						
LastName/BusinessName			-				
Address							
City	State	Zlp Code					
Description of Obligation							
First Name	Middle Na	nme					
LastName/BusinessName	LastName/BusinessName						
Address							
City	State	Zip Code					
Description of Obligation	1	1			1,	11	
			,				
4. TOTALS (Total from "Outstanding Balance - (End of Period)" of	column mu	st also be shown				\$0	
in ilem 22.b on summary page.)							